

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/575,311

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1						54						
5		1					55						
6		15					56						
7	1						57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
12		18					62						
13	1						63						
14		1					64						
15	1						65						
16		1					66						
17		12					67						
18		51					68						
19	1						69						
20		1					70						
21		12					71						
22		21					72						
23		70					73						
24		51					74						
25		10					75						
26	1						76						
27		1					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	19	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	27						TOTAL CLAIMS						

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